

Audits Branch - Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015
Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Marvin J. Southard, D.S.W., Director Los Angeles County Department of Mental Health 550 So. Vermont Avenue. 12th Floor Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT - LAC + USC MEDICAL CENTER

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of LAC + USC Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

	<u>1</u>	Net Program Cos	<u>ts</u>
	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 3,065,481	\$ 2,773,479	\$ (292,002)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, Jr. MBA, EA

Chief

RAQUEL E. RIOS, Supervisor

Audits – Southern Region

Enclosures

CERTIFIED MAIL



Audits Branch – Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650
Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Helen Jew, Head of State Reimbursement Section Los Angeles County Department of Health Services 313 No. Figueroa Street, Room 426 Los Angeles, CA 90012

Dear Ms. Jew:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

RAQUEL E. RIOS Audits Supervisor

Attachment

LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: LAC + USC MEDICAL CENTER LEGAL ENTITY NUMBER: 00504

 Audit As Settled
 Audit Adjustments
 As Audited

 NET REIMBURSABLE MEDI-CAL PROGRAM COST

 FEDERAL - FFP (Sch. 2)
 \$ 3,065,481
 \$ (292,002)
 \$ 2,773,479

LAC + USC MEDICAL CENTER Los Angeles COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

					Audit	
			As Settled		Adjustments	As Audited
Total Medi-Cal Gross Reimbursement		-		_		
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	S	3,332,751	S	(765,962) \$	2,566,789
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)		2,869,620		175,435	3,045,055
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		13,411		(13,411)	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	332	_	0 _	332
9. Total		s =	6,216,114	S =	(603,938)	5,612,176
Less: Patient & Other Payor Revenues						
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	S	131,629	S	(35,444) \$	96,185
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)		92,417		18,373	110,790
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		. 0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	_	0		0 -	0
18. Total		2 =	224,046	· S =	(17,071) \$	206,975
Medi-Cal Net Reimbursement for Direct Service	es					
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	S	3,201,122	\$	(730,518) \$	2,470,604
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)		2,777,203		157,062	2,934,265
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)		13,411		(13,411)	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	_	332		0	332
25. Total		s =	5,992,068	S =	(586,867) \$	5,405,201
Medi-Cal MAA Reimbursement						
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	S	0	S	0 \$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0	0
28. Total		s _	0	s _	<u> </u>	0
Amount Negotiated Rates Exceed Cost						
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	S	0	S	0 \$	0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0	0
35. Total		s _	0	s _	0 \$	0
Net Reimbursable Cost - FFP	•					
36. Direct Services	(MH1979, Ln 16, 16A)	s	3,056,548	2	(283,285) \$	2,773,263
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	•	0,000,040	•	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)		0		0	0
39. MAA	MH 1979, Ln 11, 12)		0		0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)		0		0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)		8,933		(8,717)	216
42. Total - FFP	,	s _	3,065,481	\$ _	(292,002) \$	2,773,479
Contract Maximum		s _	3,065,481	s _	5,638,229 \$	8,703,710
Lower of Net Reimbursable Cost or Contract M	lavimum	s	3 065 401	•	(292,002) \$	2 772 470
VI TO THE STATE OF THE ST	manululii	' _	3,065,481	-	(2/2,002)	2,773,479 (To Sch.1)

	Medical	Center		Entity Number						Ended
	LAC+USC Medical Center					No. of Adj. 16		07/01/02		
Report Reference						 As		Increase	T	
Form/			EXPLANATION OF AUDIT ADJUSTMEN	ITS	F			(Decrease)		Adjusted
Sch.	Line	Col.			├─-		┼—		1	
			ADJUSTMENTS TO SETTLED COSTS						l	
MH 1961	1	В	Physician Costs - Administrative Days - 05/19		\$	0	\$	(21,405)	\$	(21,405)
MH 1961	2	В	Ancillary Costs - Administrative Days - 05/19 Total		s <u> </u>	<u>0.</u> 0	s <u> </u>	(39,943) (61,347)	\$ _	(39,943) (61,347)
			To adjust settled physician and ancillary costs to audited amount of provider documents.	based on review						
MH 1964	2		Hospital Inpatient Services		\$ 1	9,716,180	\$	(61,348)	\$	19,654,832
ĺ			To reflect the effect of cost adjustment on settled mode of service	cost.						
MH 1991		G	Physician Costs - Administrative Days - 05/19		\$	90,056	\$	(21,405)	\$	68,651 *
WIN 1991		п	Total		\$	257,516	\$	(61,347)	\$ _	127,517 * 196,169
,			To reflect the effect of cost adjustments on settled physician and inpatient administrative days.	ancillary costs for						
MH 1966	3	D	Gross Cost - 05/19		\$	2,606,517	\$	(61,347)	\$	2,545,170
			To adjust settled inpatient administrative days gross cost to reflect to physician and ancillary costs.	t audit adjustment						
MH 1991		G	Physician Costs - Administrative Days - 05/19	••	\$	68,651	\$	0	\$	68,651
мн 1991		Н	Ancillary Costs - Administrative Days - 05/19	**]	127,517		0		127,517
			MH 1991.	service on			ŀ			
			* Balance carried forward to subsequent adjustment.							
	Sch. MH 1961 MH 1964 MH 1991 MH 1991	Sch. Line MH 1961 1 MH 1961 2 MH 1964 2 MH 1991 MH 1991 MH 1991	Sch. Line Col. MH 1961 1 B MH 1961 2 B MH 1964 2 MH 1991 G MH 1991 H MH 1991 G MH 1991 G	Sch. Line Col. ADJUSTMENTS TO SETTLED COSTS MH 1961 1 B Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 Total To adjust settled physician and ancillary costs to audited amount of provider documents. MH 1964 2 Hospital Inpatient Services To reflect the effect of cost adjustment on settled mode of service MH 1991 H Ancillary Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 Total To reflect the effect of cost adjustments on settled physician and a inpatient administrative days. MH 1966 3 D Gross Cost - 05/19 To adjust settled inpatient administrative days gross cost to reflect to physician and ancillary costs. MH 1991 G Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 To reflect audited physician and ancillary costs for each period of MH 1991.	Sch. Line Col. ADJUSTMENTS TO SETTLED COSTS MH 1961 1 B Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 Total To adjust settled physician and ancillary costs to audited amount based on review of provider documents. MH 1964 2 Hospital Inpatient Services To reflect the effect of cost adjustment on settled mode of service cost. MH 1991 H Ancillary Costs - Administrative Days - 05/19 Total To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days. MH 1966 3 D Gross Cost - 05/19 To adjust settled inpatient administrative days gross cost to reflect audit adjustment to physician and ancillary costs. MH 1991 H Ancillary Costs - Administrative Days - 05/19 To adjust settled inpatient administrative days gross cost to reflect audit adjustment to physician and ancillary costs. MH 1991 H Ancillary Costs - Administrative Days - 05/19 To reflect audited physician and ancillary costs for each period of service on MH 1991. Balance carried forward to subsequent adjustment.	Sch. Line Col. ADJUSTMENTS TO SETTLED COSTS MH 1961 1 B Honey Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 Total To adjust settled physician and ancillary costs to audited amount based on review of provider documents. MH 1964 2 Hospital Inpatient Services To reflect the effect of cost adjustment on settled mode of service cost. MH 1991 HOSPITE TOTAL To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative Days - 05/19 Total To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days. MH 1996 3 D Gross Cost - 05/19 To adjust settled inpatient administrative days gross cost to reflect audit adjustment to physician and ancillary costs. MH 1991 HOSPITE Administrative Days - 05/19 To reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days. S TO reflect the effect of cost adjustments on settled physician and ancillary costs for inpatient administrative days. To reflect the effect of cost adjustments on settled physician and ancillary costs for each period of service on MH 1991. To reflect the effect of cost administrative Days - 05/19 To reflect the effect of cost administrative Days - 05/19 To reflect the effect of cost adjustment administrative days gross cost to reflect audit adjustment to physician and ancillary costs for each period of service on MH 1991. Balance carried forward to subsequent adjustment.	Sch Line Col. EXPLANATION OF AUDIT ADJUSTMENTS Reported	EXPLANATION OF AUDIT ADJUSTMENTS Reported	Sch. Line Col. EXPLANATION OF AUDIT ADJUSTMENTS Reported (Decrease)	EXPLANATION OF AUDIT ADJUSTMENTS Reported Decrease

Provider					Entity Number	No. of Adj.	Fiscal Perio	od Ended
	LAC+USC	Medical	Center		00504	16	07/01/02 To	06/30/03
	Report Re	ference			-	As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO SETTLED PATIENT STATIST	rics			
6	MH 1966	2	В	Total Units - 05/14		3,073	(662)	2,411
	MH 1966	2	C	Total Units - 05/15		9,301	(3,909)	5,392
	MH 1966	2	ס	Total Units - 05/19		5,605	4,572	10,177
	MH 1966	2	В	Total Units - 10/24		33,065	99,998	133,063
	MH 1966	2	C	Total Units - 10/92		1,770	0	1,770
	MH 1966	2	В	Total Units - 15/04		48,244	375	48,619
	MH 1966	2	C	Total Units - 15/10		13,985	-	13,985
	MH 1966	2	D	Total Units - 15/31		35	-	35
	MH 1966	2	E	Total Units - 15/34		69,665	-	69,665
	MH 1966	2	F	Total Units - 15/42		642,547	2,556	645,103
	MH 1966	2	G	Total Units - 15/52		88,563	105	88,668
	MH 1966	2	Н	Total Units - 15/62		435,379	1,890	437,269
	MH 1966	2	1	Total Units - 15/77		92,714	955	93,669
	MH 1966	2	В	Total Units - 45/10		1,298	-	1,298
	MH 1966	2	С	Total Units - 45/20		1,108_		1,108
				To adjust settled total units of service to agree with RGMS 701 L	J-P.	1,446,352	105,880	1,552,232
7	MH 1966	8	B to I	Medi-Cal Units @ 51.40%		252,739	(143,010)	109,729 *
•	MH 1966	8A	Btol	Medi-Cal Units @ 51.30%		280,404	185,321	465,725
	MH 1966	9	В	Medicare/Medi-Cal Crossover Units @ 51.40%		6,501	(5,974)	527
	MH 1966	9A	В	Medicare/Medi-Cal Crossover Units @ 51.40%		32,220	(30,683)	1,537
	MH 1966	10		Enhanced - SD/MC (Children) Units @ 65.88%			(50,555)	0
	MH 1966	10A		Enhanced - SD/MC (Children) Units @ 65.88%		_	o l	0
	MH 1966	11	F,H	Healthy Families (SED) Units @ 65.88%		_	o	0
	MH 1966	11A	F.H	Healthy Families (SED) Units @ 65.88%		136	(16)	120
		'	,,,,			572,000	5,638	577,638
				To adjust settled Medi-Cal units of service to agree with State D	MH approved			
				Medi-Cal units of service.	104			
				* Balance carried forward to subsequent adjustment.				
		I	l	** Balance brought forward from prior adjustment.				

Adj. No.	Report Re Form/ Sch.		Center		00504	16	07/01/02 To	06/30/03
	Form/							
		Line			1	As	Increase	As
No.	Sch.	Line		EXPLANATION OF AUDIT ADJUSTMENTS	s	Reported	(Decrease)	Adjusted
			Col.					_
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS, COI	סידא.			
8	MH 1966	8		Medi-Cal Units @ 51.40%		109,729	(695)	109.034 *
	MH 1966	8A	Btol	Medi-Cal Units @ 51.30%	**	465,725 575,454	(1,246) (1,941)	464,479 573,513
				To adjust audited Medi-Cal units of service for invalid Medi-Cal units	of service.			
9	MH 1966	8		Medi-Cal Units @ 51.40% 05/14		535	(127)	408
	MH 1966	A8		Medi-Cal Units @ 51.30% 05/14		638	38	676
	MH 1966 MH 1966	8 8A		Medi-Cal Units @ 51.40% 05/15 Medi-Cal Units @ 51.30% 05/15		561 962	(298)	263 667
	MH 1966	8		Medi-Cal Units @ 51.40% 05/19		216	(295) 425	641
	MH 1966	8A		Medi-Cal Units @ 51.30% 05/19		3,177	257	3,434
				To adjust audited Medi-Cal units of service to agree with service function per County MHMIS report.	ction changes	6,089		6,089
10	MH 1966	8		Medi-Cal Units @ 51.40%		109,034	(62)	108,972
	MH 1966	8A	Btol	Medi-Cal Units @ 51.30%	"	464,479	(274)	464,205 *
				To disallow inpatient administrative days which are not documented done to place the client.	with what was			
					1			
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. Balance brought forward from prior adjustment.				

Provide					Entity Number	No. of Adj.	Fiscal Per	riod Ended
	LAC+USC	Medical	Center		00504	16	07/01/02 To 06/30/03	
	Report Re	ference				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMEN	TS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
			l	ADJUSTMENTS TO SETTLED PATIENT STATISTICS, O	CONT'D.			
11	MH 1966 MH 1966	8 8 A	Btoi	Medi-Cal Units @ 51.40%	**	100,972	(241)	108,731
	MH 1900	84	BIOI	Medi-Cal Units @ 51.30%	•	464,205	(293)	463,912
				To disallow approved Medi-Cal inpatient days for clients who are eligible for inpatient services. DMH Aids Codes Master Chart.	not Medi-Cal			
12	MH 1991		E	SD/MC Administrative Days		3,393	44	3,437
				To reflect the effect of Medi-Cal units of service audit adjustments Medi-Cal inpatient administrative days on form MH 1991.	on settled			
				ADJUSTMENTS TO SETTLED REVENUES				
13	MH 1968	28	E	Patient and Other Payor Revenues @ 51.40% - I/P		\$ -	\$ 25,362	\$ 25,362
	MH 1968	28A	E	Patient and Other Payor Revenues @ 51.30% - I/P		131,629	(60,806)	70,823
	MH 1968 MH 1968	28A 28A	G	Patient and Other Payor Revenues @ 51.40% - D/T Patient and Other Payor Revenues @ 51.30% - D/T		8,105 32,597	4,496 9,267	12,601 41,864
	MH 1968	28	ļН	Patient and Other Payor Revenues @ 51.30% - D/I		23,399	(12,483)	10,916
	MH 1968	28A	::	Patient and Other Payor Revenues @ 51.30% - O/P		28,316	17,093	45,409
						\$ 224,046	\$ (17,072)	\$ 206,974
				To adjust settled patient and other payor revenues to agree with	Medi-Cal share of			
				revenue based on ratio of audited Medi-Cal cost to audited total cost.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Entity Number	No. of Ad		Fiscal Pe	eriod E		
	LAC+USC	Medical	Center							To 06/30/03	
	Report Re	ference				As		Increase		As	
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMEN	NTS	Reported		(Decrease)		Adjusted	
No.	Sch.	Line	Col.								
				SETTLEMENT ADJUSTMENTS							
14	MH 1979 MH 1979	23 27) J	Adjusted Total SD/MC Reimbursement (FFP) Total Healthy Families Reimbursement		\$ 3,056,5 8,9 \$ 3,065,4	33_	(8,717)	\$ \$ <u></u>	2,773,263 216 2,773,479	
				To reflect the effect of audit adjustments on total FFP reimburser	nent.						
15	Sch 2			Contract Maximum		\$ 3,065,4	30 \$	5,638,230	\$	8,703,710	
				To reflect County funds available to match Medi-Cal FFP.							
16	Sch 2			Lower of net Reimbursable Cost or Contract Maximum		\$ 3,065,4	30 \$	(292,001)	\$	2,773,479	
				To reflect the lower of audited net reimburseable Medi-Cal FFP of maximum.	ost or contract						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

	Legal Entity: LAC + USC MEDICAL CENTER	Α	В	C
Leg	gal Entity Number: 00504	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures		31,275,378	31,275,378
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		31,275,378	31,275,378
6	Medi-Cal Adjustments from MH 1961			(61,347)
7_	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			31,214,031
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			31,214,031
19	Total Costs - Lines 9 through 18			31,214,031

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

Legal Entity: LAC + USC MEDICAL CENTER	Α	В	С	
Legal Entity Number: 00504	Salaries	Total		
	and Benefits	Other	Adjustments	
1 Physician costs		(21,405)	(21,405)	
2 Ancillary costs		(39,943)	(39,943)	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20 Total Adjustments		(61,347)	(61,347)	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

	Legal Entity: LAC + USC MEDICAL CENTER	A
Le	egal Entity Number: 00504	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	31,214,031
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	19,654,832
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	4,739,330
5	Outpatient Services (Mode 15 Program 1 + Program 2)	6,764,978
6	Outreach Services (Mode 45)	54,891
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	31,214,031

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986A (10/04)

DETAIL COST REPORT

Mode Co. Function	County: Los Angeles County Code: 19			NR	NR	CR			
Legis Entity Number: 00504 Service Servi	Legal Entity: LAC + USC MEDICAL CENTE	Ř	Α	В	С	Ω	Ē	F	
MacCaston Percentage	Legal Entity Number: 00504			Service	Service	Service	Service	Service	Service
1 Allocation Percentage	Mode: 05 - Hospital Inpatient (SFC 10	-19)	Mode Total	Function	Function	Function	Function	Function	Function
2 Total Units	- 14%				19				
19,854,832 4,249,070 2,880,592 2,355,70			21.62%		12.95%				
SMAP PUBLISHED 1,155.37 2,55.19 250.09									
5 SMA per Unit 83.9.20 83.9.20 235.96 7 Nepolisted Charge per Unit 83.81.00 1,384.00 1,384.00 235.86 7 Nepolisted Rate / Cost per Unit 83.81.00 83.82.0 235.96 447 AA Med-Call Units 1070102 - 09/30/32 1,090.00 243 447 ABA Med-Call Units 1070102 - 09/30/32 3 3 640 2,580 JABA Med-Call Units 1070102 - 09/30/32 75 75 9 JOHA Echaniced SDMC (Children) Units 1070102 - 09/30/32 1 9 JOHA Echaniced SDMC (Refugees) Units 07/010/2 - 09/30/30 1 9 JOHA ALIVER STANDARD (Children) Units 107/010/2 - 09/30/30 1 1 JOHA ALIVER STANDARD (Children) Units 07/010/2 - 09/30/30 1 1 JOHA ALIVER STANDARD (Children) Units 07/010/2 - 09/30/30 1 1 JOHA ALIVER STANDARD (Children) Units 07/010/2 - 09/30/30 1,284.57 544.57	3 Gross Cost		19,654,832	4,249,070	12,860,592	2,545,170			
5 SMA per Unit				1,762.37	2,385.12	250.09			
New College Section College College College Section College				838.20					(
Medi-Cat Units				1,384.00	1,384.00	1,384.00			
Section 1001012 - 0063003	7 Negotiated Rate / Cost per Unit			838.20	838.20	235.96			
Section 1001012 - 0063003	8	07/01/02 - 09/30/02	1,009	309	243	457	<u> Mandahanan</u>		
Medicare/Medi-Cal Crossover Units									
Section Sect	0				- 0,0	2,000			
19									
10A Embraced SDMC (Refugees) Units 10010/2 - 663003	10						_	-	
108 Enhanced SDMC (Refugees) Units			†				_		
11 Healthy Families (SED) Units									
11A Nort-Medi-Cal Cul Units	11		'					-	
12 Non-Medi-Cal Units	——I HRAIIDV FRMIIIRS (SEL)) LIDES							_	
13	12 Non-Medi-Cal Units		12,683	1,434	4,509	6,740			
13A Medi-Cal Costs 10/01/02 - 09/30/03 3, 34.94.17 1, 0.36.797 1,528.480 673,140 144 Medi-Cal SMA Upper Limits 10/01/02 - 09/30/03 597,284 259,004 203,853 134,598 134,598 134,598	13	07/01/02 09/20/02	المالة والمناطقة والمراكز عارض		tarata areta batata da l			**********	Traditional and the second
14 Medi-Cal SMA Upper Limits									
14A Medi-Cal Published Charges 1001/02 - 06/30/03 1,904,126 494,538 539,448 873,140	14								
15									
10A Modi-Cal Negotiated Rates 100/10/2 - 06/30/03 2,575,460 816,580 885,780 873,140 203,883 134,598 16A Modi-Cal Negotiated Rates 07/01/02 - 09/30/03 1,904,126 494,538 336,448 873,140 17/01/02 - 09/30/03 1,904,126 494,538 336,448 873,140 17/01/02 - 09/30/03 1,904,126 494,538 336,448 873,140 17/01/02 - 09/30/03 1,904,126 1,204,128	16								
18									
16A	16								
17									
17A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 08/30/03 132,178 132,178 132,175 132,175 132,175 132,175 132,175 132,175 132,175 132,175 132,175 132,175 132,175 132,175 132,175						101010101010101010			
18									
18A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03 62,865 62,865									-
19									-
19A Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 103,800 103,800 103,800									
20									
20A Medicare/Medic-Cal Crossover Negotiated Raies 10/01/02 - 08/30/03 62,865 62,865 62,865	20								
21 Enhanced SD/MC (Children) Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03 1 22 22 22 22 22 22 22									
21A Enhanced SD/MC (Children) SMA Upper Limits 07/01/02 - 06/30/03	There is no foliation of the recognitive recognitive recognitive for the fortest of the fortest energies of the recognitive recognitive for the fortest of t	ana an nana arana an hararararara	02,000	02,000	21412-1-1-1-1-1-1-1	<u>ereneral</u> ationalati	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
21			\vdash						
22A Enhanced SD/MC (Children) Published Charges 07/01/02 - 09/30/02	21A		<u> </u>					-	
10/01/02 - 06/30/03								<u> </u>	
23A Enhanced SD/MC (Children) Negotiated Rates 10/01/02 - 06/30/03	22A							 	
24 24A	Enhanced SD/MC (Children) Published Charges		ļ				_		
24A	24		_					 	
25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03			 		 				
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03	<u> 2000 - Cumunità a a a a a a a a a a a a a a a a a a a</u>		811 191 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		100000			5-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03				<u> </u>					
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03									
Part				L					
1920 1920	28 Ennanced SD/MC (Refugees) Negotiated Rates	J07/01/02 - 06/30/03				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1994 1995 1	29 Harthy Familian Costs	07/01/02 - 09/30/02							
30 Healthy Familles SMA Upper Limits 07/01/02 - 09/30/02									
10/01/02 - 06/30/03	20								
31A									
31A 10/01/02 - 06/30/03 32A Healthy Families Negotiated Rates 07/01/02 - 09/30/02 32A 10/01/02 - 06/30/03 32A 10/01/02 - 06/30/02 32A 10/01/02 - 06/30/02 32A 10/01/02 - 06/30/02 32A 10/01/02 - 06/30	31 Healthy Families Bublished Chames	07/01/02 - 09/30/02							L
32A Healthy Families Regulated Rates 10/01/02 - 06/30/03	31A Treating Paintines Published Charges		i.						
32A 1001/02 - 06/30/03	32 Healthy Esmilies Negotiated Dates	07/01/02 - 09/30/02							
22 Nos Madi Cal Carte 148 919 919 1 2 2 2 2 3 4 3 7 5 5 7 1 5 2 7 4 3	32A	10/01/02 - 06/30/03							<u> </u>
	33 Non-Medi-Cal Costs	unununun Tun hung hukuna	14,819,196	2,527,236	10,754,527	1,537,433		1	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

NR	NR

County Code: 19			NR	NR				
Legal Entity: LAC + USC MEDICAL	CENTER	A	В	С	D	E	F	G
Legal Entity Number: 00504			Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
1 Allocation Percentage		100.00	24	92				
2 Total Units		100.00%	95.46%	4.54%			ļ	
3 Gross Cost		134,833	133,063	1,770				
2001 0000000000000000000000000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,739,330	4,523,934	215,396	00000000000		3003000000	000000000
4 Cost per Unit			34.00	121.69				
5 SMA per Unit			82.94	73.77				
6 Published Charge per Unit 7 Negotiated Rate / Cost per Unit			359.34	122,44				
7 Negotiated Rate / Cost per Unit			82.94	73.77		-1-1-1		recent recent factors
8 Medi-Cal Units	07/01/02 - 09/30/02	3,424	3,156	268				
8A	10/01/02 - 06/30/03	_11,336	10,322	1,014				
9 Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02	524	524					
9A]	10/01/02 - 06/30/03	1,462	1,462					
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A	10/01/02 - 06/30/03							
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02							
<u> </u>	10/01/02 - 06/30/03	- 1						
12 Non-Medi-Cal Units		118,087	117,599	488			<u> </u>	
13 Medi-Cal Costs	07/01/02 - 09/30/02	139,913	107,299	32,614		1		
13A Medi-Car Costs	10/01/02 - 06/30/03	474,328	350,932	123,396				
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	281,529	261,759	19,770				
14A	10/01/02 - 06/30/03	930,909	856,107	74,803				
15 Medi-Cal Published Charges	07/01/02 - 09/30/02	1,166,891	1,134,077	32,814				
15A	10/01/02 - 06/30/03	3,833,262	3,709,107	124,154				
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	281,529	261,759	19,770				
16A	10/01/02 - 06/30/03	930,909	856,107	74,803				
17 Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	17,815	17,815					
17A	10/01/02 - 06/30/03	49,706	49,706					
18 Medicare/Medi-Cal Crossover SMA Uppe	er Limits 07/01/02 - 09/30/02	43,461	43,461					
18A	10/01/02 - 06/30/03	121,258	121,258					
19 Medicare/Medi-Cal Crossover Published	Charges 07/01/02 - 09/30/02	188,294	188,294					
19A	10/01/02 - 06/30/03	525,355	525,355					
20 Medicare/Medi-Cal Crossover Negotiate	d Rates 07/01/02 - 09/30/02	43,461	43,461					
20A	10/01/02 - 06/30/03	121,258	121,258		*************	*************************	1,	
Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						<u> </u>	
22A	10/01/02 - 06/30/03					ļ	ļ	
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					ļ		
23A	10/01/02 - 06/30/03					 		
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	10/01/02 - 06/30/03	1		200000000000000000000000000000000000000			<u> </u>	
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					<u> </u>	1	
26 Enhanced SD/MC (Refugees) SMA Upp						ļ		
27 Enhanced SD/MC (Refugees) Published								<u> </u>
28 Enhanced SD/MC (Refugees) Negotiate	d Rates 07/01/02 - 06/30/03		9000000000000000	######################################				
29 Heathy Esmiliae Costs	07/01/02 - 09/30/02	1						
29A Healthy Families Costs	10/01/02 - 06/30/03					1		<u> </u>
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02					ļ		
30A	10/01/02 - 06/30/03							L
Healthy Families Published Charges	07/01/02 - 09/30/02		L					
31A	10/01/02 - 06/30/03			ļ				
Healthy Families Negotiated Rates	07/01/02 - 09/30/02						 	
32A Trouting Families Hogotizios Hales	10/01/02 - 06/30/03		1,000 100 100 100 100 100 100 100 100 10				1	
33 Non-Medi-Cal Costs		4,057,568	3,998,182	59,386				

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County Code: 19 Legal Entity: LAC + USC MEDICAL CENTE	R	A	NR B	NR C	NR D	NR E I	- NR F	NR G
Legal Entity Number: 00504			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
		1 : [04	10	31	34	42	52
Allocation Percentage		100.00%	2.08%	0.78%	0.00%	3,87%	35.72%	4.929
Total Units		1,397,013	48,619	13,985	35	69,665	645,103	88,668
Gross Cost		6,764,978	140,864	52,600	132	262,019	2,416,704	333,098
Cost per Unit			2.90	3.76	3.77	3.76	3.75	3.76
SMA per Unit			1.77	2.28	2.28	2.28	2.28	2.28
Published Charge per Unit			8.46	8.46	8.46	8.46	8.46	8.46
Negotiated Rate / Cost per Unit			1,77	2.28	2.28	2.28	2.28	2.28
<u> </u>	Table 1		en e			tatatata tan ata ta tatata	(4) (5) (4) (4) (4) (4) (4)	Contraction of the con-
Medi-Cal Units	07/01/02 - 09/30/02	104,298	5,554	1,291		3,300	42,203	6,506
BA Wednesd Office	10/01/02 - 06/30/03	448,366	21,668	8,517	20 \	31,355	176,750	35,464
Medicare/Medi-Cat Crossover Units	<u>07/01/02 - 09/30/02</u>							
<u> A </u>	10/01/02 - 06/30/03							
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
IUA	10/01/02 - 06/30/03							
OB Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02							
1A	10/01/02 - 06/30/03	120					90	
2 Non-Medi-Cal Units		844,229	21,397	4,177	15	35,010	426,060	46,698
3	07/01/02 - 09/30/02	531,131	16,092	4.856	<u> </u>	12,412	158,102	24,44
ISA Medi-Cal Costs	10/01/02 - 06/30/03	2,209,322	62,779	32,034	75	117,930	662,146	133,227
4				2,943		7,524	96,223	14,834
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	323,283	9,831	19,419	46		402,990	
	10/01/02 - 06/30/03	1,344,614	38,352		40	71,489		80,85
15A Medi-Cal Published Charges	07/01/02 - 09/30/02	882,361	46,987	10,922	400	27,918	357,037	55,04
	10/01/02 - 06/30/03	3,793,176	183,311	72,054	169	265,263	1,495,305	300,02
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	323,283	9,831	2,943		7,524	96,223	14,834
6A	10/01/02 - 06/30/03	1,344,614	38,352	19,419	46	71,489	402,990	80,858
7 Madian - Madi Cal Carana - Cart	07/01/02 - 09/30/02				•			
Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
8	07/01/02 - 09/30/02							
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
	07/01/02 - 09/30/02	 						
Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
00	07/01/02 - 09/30/02	1	_		-			
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03					-		_
an manggarang katalan an manggaran an manggaran a					200 CO	0.000	201212121212122	
Enhanced SD/MC Costs	07/01/02 - 09/30/02							
<u> </u>	10/01/02 - 06/30/03	ļ						
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22 <u>A</u>	10/01/02 - 06/30/03					-		_
Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
(3A	10/01/02 - 06/30/03	 						
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	<u> </u>						
24A	10/01/02 - 06/30/03	<u> </u>					, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	· · · · · · · · · · · · · · · · · · ·
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26 Enhanced SD/MC (Refugees) SMA Upper Limits		 						_
27 Enhanced SD/MC (Refugees) Published Charges		 	 -					
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	 						
<u> ݞݞݞݞݞݞݞݞݞݞݞݞݞݞݙݞݙݞݙݞݥݦݦݽݖݖݖݥݡݻݻݹݹݞݥݥݞݦݦݦݦݹݹݹݡݡݡݦݦݦݦݥݥݥݦݦݦݦݦݦݦݦݦݦݦݦݦݦݦݦݦ</u>		de contra con de acert		gray radion			141414111111111	000000000000000000000000000000000000000
Healthy Families Costs	07/01/02 - 09/30/02							
29A	10/01/02 - 06/30/03	546					337	
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	1						
30A Realthy Families SMA Opper Limits	10/01/02 - 06/30/03	332					205	
Healthy Families Published Charges	07/01/02 - 09/30/02							
31A Healthy Families Published Charges	10/01/02 - 06/30/03	1,015					761	
32 Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	10/01/02 - 06/30/03	332					205	
i Saraja, tara arabaji karang parang parang kabupaten di pada ili ili kabupaten di Sili ili kabupaten di Sili	<u>خوخون و کې خوخو د و د و د و کو د و د و کو د و د و د و </u>	A Company of the Control of the Control	61,994	15,710	57	131,677	1,596,119	175,43

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Flacal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: Los Angeles

33 Non-Medi-Cal Costs

Legis Enth Number COS4 Service		County Code: 19		NR	NR					
Legal Epith Number: 00504 Service Service Service Service Function Functio		Legal Entity: LAC + USC MEDICAL CENTER		Н	1	J	К		М	N
Allocation Percentage	Lec	gal Entity Number: 00504		Service	Service	Service	Service	Service		Service
1 Allocation Percentage		Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
2 Total Units	L_	TAU								
3 Grass Cost	1									
SSA par URL	2									
5 SMA per Unit 4.23 3.41 7 Nepolisted Charge per Unit 8.46 8.46 8 Medi-Cal Units 1070102 - 0930002 4.20 3.41 8A Medi-Cal Units 1070102 - 0930002 4.50 3.41 8A Medi-Cal Units 1070102 - 0930002 9.50 9A Medi-Cal Units 1070102 - 0930002 9.50 10A Enhanced SDMC (Children) Units 1070102 - 0930002 9.50 10A Enhanced SDMC (Refuges) Units 1070102 - 0930003 9.50 10A Enhanced SDMC (Refuges) Units 0770102 - 0930002 9.50 11A Healthy Families (SEC) Units 0770102 - 0930002 3.50 11A Healthy Families (SEC) Units 0770102 - 0930002 3.13,197 2,032 13A Medi-Cal Cotts 1070102 - 0930002 3.13,197 2,032 13B Medi-Cal SMA Upper Limits 1070102 - 0930002 19,184,196 15 Medi-Cal Published Charges 1070102 - 0930002 19,084,197 1,245 16	3		100000000000000000000000000000000000000	3,038,026	521,535					
8	4				5.57					
7. Negolisted Rate / Cost per Unit				4.23	3.41					
Medic-Cal Units										
SA	7	Negotiated Rate / Cost per Unit		4.23	3,41					
Modicaren/Medi-Cal Crossover Units	8	Madi Cal Unite	07/01/02 - 09/30/02	45,079	365					
PA Medicare/Medi-Cal Crossover Dutis 1001/02 - 09/300/2	8A	Medi-Cai Offics	10/01/02 - 06/30/03	165,977	8,615			_		
Mail	9	Medicare/Medi Cal Crossovas Units	07/01/02 - 09/30/02							
10A Perfended SDMC (Refugees) Units 100102 - 0673003	9A	Triedicale/friedi-Cal Crossovel Offits	10/01/02 - 06/30/03							
10A	10	Enhanced SDMC (Children) Ligits	07/01/02 - 09/30/02							
11 Healthy Families (SED) Units	10A		10/01/02 - 06/30/03							
11A Non-Med-Cell Units	-	Enhanced SD/MC (Refugees) Units								
11 Non-Medi-Cal Units 229,183 84,689 229,183 84,689 220,		Healthy Families (SED) Units								
131 Madi-Cal Costs			10/01/02 - 06/30/03							
13A Medi-Cal SMA Upper Limits	12	Non-Medi-Cal Units		226,183	84,689					
13A Medi-Cal SMA Upper Limits	13	PARAMETER CONTROL CONT	07/01/02 - 09/30/02	313.197	2 032	47424242474 <u>-1444</u>		<u> </u>		12.22.22.22.22.22.22.22
14		Medi-Cal Costs					_			
14A Medi-Cal Stok Upper Limits		Madi Cal Chin Harras Carin								
15		Medi-Cai SMA Opper Limits								
1001/02 - 08/30/03 1,404,165 72,883	15	Madi Cal Bublished Charges								
16A	15A	Med-Cai Fublished Charges	10/01/02 - 06/30/03	1,404,165	72,883			1		
100 100	16	Madi Cal Nagotiated Rates	07/01/02 - 09/30/02	190,684	1,245					
17A Medicare/Medi-Cal Crossover SMA Upper Limits 100/10/2 - 06/30/03	16A		10/01/02 - 06/30/03	702,083	29,377					
17A Medicare/Medi-Cal Crossover SMA Upper Limits 100/10/2 - 06/30/03	17	<u>00000,0000000000000000000000000000000</u>	07/01/02 - 09/30/02		0.000.000.0000					
18		Medicare/Medi-Cal Crossover Costs		,			 		_	
18A Medicare/Medi-Cal Crossover Published Charges 1/001/02 - 06/30/03 1/001/02 -				-						-
19		Medicare/Medi-Cal Crossover SMA Upper Limits				_			_	
19A		Madiana Bladi Cal Cassas - B. Elist of Character			_					
20A Medicate/Medical Clossover Negotiated Rates 10/01/02 - 06/30/03		Medicare/Medi-Cai Crossover Published Charges								
20	20	Madinam & Ladi Cal Crossover Negotiated Bates	07/01/02 - 09/30/02							
21A	20A	Medicate/Medi-Cal Clossover Mediciated Mates	10/01/02 - 06/30/03		_					
21A	21	<u>erintale de la completion de la completion</u>	07/01/02 09/20/02		grandanaa <u>saa</u>	(*****************	. * . * . * . * . * . * . * . * . * . *		<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
22 Enhanced SD/MC SMA Upper Limits 07/01/02 - 09/30/02		Enhanced SD/MC Costs		-			 	-		
22A Enhanced SD/MC Published Charges 10/01/02 - 06/30/03					-			—		
23 Enhanced SD/MC Published Charges 07/01/02 - 09/30/02 10/01/02 - 09/30/03 24 24A 10/01/02 - 09/30/03 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 08/30/03 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 08/30/03 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 08/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 08/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 08/30/03 29 4 4 4 4 4 4 4 4 4		Enhanced SD/MC SMA Upper Limits								
23A Enhanced SD/MC Negotiated Rates 10/01/02 - 06/30/03 10		C-bd OD A4O D LESS 101					i			
24 24A		Enhanced SD/MC Published Charges		i			İ	1		
24A Emanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03		Enhanced SDAIC Negational States		i						
25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03		Ennanced SD/MC Negotiated Rates								
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 Healthy Families Costs 07/01/02 - 09/30/02 30 Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 30A Healthy Families Published Charges 07/01/02 - 06/30/03 31 Healthy Families Published Charges 07/01/02 - 06/30/03 32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02	1111	Enhanced SD/MC (Refugees) Costs		oonopeaste.	20 000000000					
27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 28 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 20 29 Healthy Families Costs 07/01/02 - 09/30/02 208 30 Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 127 31 Healthy Families Published Charges 07/01/02 - 09/30/02 127 31 Ala Healthy Families Negotiated Rates 07/01/02 - 09/30/03 254 32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02				 		_	 	 		
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 Healthy Families Costs 07/01/02 - 09/30/02 30 Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 30A Healthy Families Published Charges 07/01/02 - 06/30/03 31A 131A 32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02 32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02					-		 			-
Healthy Families Costs				 			<u> </u>			
29A Healthy Families Costs 10/01/02 - 06/30/03 208	2000	The state of the s				1010 010 010 010 010			programa	
10/01/02 - 06/30/03 208		Healthy Families Costs						<u> </u>		
30A Healthy Families SMA Upper Limits 10/01/02 - 06/30/03 127				208			1	ļ	 	
30A		Healthy Families SMA Upper Limits			<u> </u>		 	<u> </u>	 	
31A				127	 	<u> </u>		 	 	
32 Healthy Families Negotisted Pates 07/01/02 - 09/30/02		Healthy Families Published Charges		201		 	 	1	 	
				234				 	 	
32/1		Healthy Families Negotiated Rates		127			 		 	 -
	JZA	and the confidence of the control of	110101102 - 00130103	14/		1.0 <u> </u>			*	

1,571,458 471,536

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: Los Angeles County Code: 19

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	Legal Entity: LAC + USC MEDICAL CENTER		В	C	D	E	F	G
Le	gal Entity Number: 00504		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10	20				
1	Allocation Percentage	100.00%	53.95%	46.05%				
2	Total Units		1,298	1,108				
3_	Gross Cost	54,891	29,613	25,278				
4	Cost per Unit		22.81	22.81	<u> </u>			
5	Non-Medi-Cal Units		1,298	1,108			_	
6	Non-Medi-Cal Costs	54,891	29,613	25,278		13-1412-1-1-1-1412-1-1-1-1-1-1-1-1-1-1-1-1		obstillight er.

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

	Legal Entity: LAC + USC MEDICAL CENTER	A	В	С	D	E	F	G
Le	egal Entity Number: 00504		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage							
2	Total Units					1		
3_	Total Expenditures	1						
4	Cost per Unit				राज्य हर्दे विद्यालयम् । स			
5	Non-Medi-Cal Costs							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

	Legal Entity: LAC + USC MEDICAL CENTER	Α .	В	С	D	E	F	G
L	egal Entity Number: 00504		Service	Service	Service	Service	Service	Service
-	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage	 						
2	Total Units						1	
3	Gross Cost							
4	Cost per Unit			101-17-101-1-1-1-1-1-1-1-1	<u> </u>		leina dalaininina a inisin	ininininin ny ininy ana
5	Non-Medi-Cal Units (Same as Line 2)							
6	Non-Medi-Cal Costs (Same as Line 3)							<u> </u>

Haatthy Families

Fiscal Year 2002-2003 County: Los Angeles County Code: 19 REIMBURSEMENT TYPE SMA SMA Costs Legal Entity: LAC + USC MEDICAL CENTER Legal Entity Number: 00504 Total Total Impatient Outpatient **Outpatient** S. F.'s 11-19. Mode 05-All Mode 05-Mode 15 (Col. I + Col. J) S. F.'s 01-09 31-39 Hospital Program (1) Program (2) 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Medi-Cal Costs 1.258.7 139,913 531,13 671,044 2,683,650 3,439,417 474,328 2,683,650 Medi-Cal SMA 604.812 2.275.523 2.049.252 7.626.438 597,284 281,529 604,812 2,275,523 1,904,126 930,909 1 344 614 07/01/02 - 09/30/0 898,566 2,575,460 Medi-Cal P. C. 1,166,891 882,361 2.049,252 3,833,262 3,793,176 7,626,438 07/01/02 - 09/30/0 Medi-Cal N. R 597,284 281,529 323,283 604,812 604.812 2.275.523 10/01/02 - 06/30/03 1,904,126 930,909 1,344,614 2,275,523 07/01/02 - 09/30/02 10/01/02 - 06/30/03 597.284 1.904.126 281,529 930,909 323.283 1.344.614 604.812 2.275.523 Medi-Cal Gross Reimbursement 604.812 2.275.523 07/01/02 - 09/30/02 10/01/02 - 06/30/03 5.287 17.815 17.815 17,815 Medicare/Medi-Cal Crossover Cost 132,178 49,706 49,706 49,706 07/01/02 - 09/30/0 43,461 121,258 2,515 43,461 Medicers/Medi-Cal Crossovar SMA 62,865 121,258 121,258 07/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 08/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 188,294 525,355 188,294 525,355 188,294 525,355 Medicare/Medi-Cal Crossover P. C. 103.800 2.515 43,461 43,461 121,258 43,461 121,258 Medicare/Medi-Cal Crossover N. R. 62,865 121,258 07/01/02 - 09/30/02 2,515 43,461 121,258 43,461 121,258 43,461 Medicare/Medi-Cal Crossover Gross Reim. 62,865 121,258 07/01/02 - 09/30/02 324.990 1.052.168 323,283 1,344,614 648.273 2.396.782 648.273 2.396.782 599,799 Total SD/MC + Crossover Gross Reim. 10/01/02 - 06/30/03 1,966,991 07/01/02 - 09/30/02 10/01/02 - 08/30/03 07/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 08/30/03 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Cost Enhanced SD/MC (Children) SMA Enhanced SD/MC (Children) P. C. Enhanced SD/MC (Children) N. R. 10/01/02 - 06/30/0 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Enhanced SD/MC (Children) Gross Reim 17 Enhanced SD/MC (Refugees) Cost 18 Enhanced SD/MC (Refugees) SMA 19 Enhanced SD/MC (Refugees) P. C. 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) N. R. Total Medi-Cal Gross Reimbursemen 07/01/02 - 09/30/0 323,283 599,799 324,990 648,273 648,273 21A (Excludes Refugees)
22 Enhanced SD/MC (Refugees) Gross Reim. 10/01/02 - 06/30/03 1,344,614 1,966,991 2,396,782 2,396,782 07/01/02 - 06/30/03 07/01/02 - 09/30/02 Healthy Families Cost 10/01/02 - 06/30/0 07/01/02 - 09/30/0 10/01/02 - 06/30/0 07/01/02 - 09/30/0 546 Healthy Families SMA 332 332 Heelthy Families P. C. 1.015 10/01/02 - 06/30/0 1,015 1,015 07/01/02 - 09/30/0 Healthy Femilies N. R. 10/01/02 - 06/30/03 332 07/01/02 - 09/30/02 10/01/02 - 06/30/03 Healthy Femilies Gross Reim. Less: Patient and Other Payor Revenues 25,362 70,823 12.601 41.864 10,916 45,409 07/01/02 - 09/30/02 SD/MC + Crossover Revenues 10/01/02 - 06/30/03 Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues Healthy Families Revenues 32 Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average) Revenue - MAA 07/01/02 - 09/30/02 10/01/02 - 06/30/03 624,756 624,756 574.437 312,389 312,367 Net Due - SD/MC for Direct Services 1.010,304 1,299,205 2,309,509 2,309,509 1,896,168 Net Due - Enhanced SD/MC (Refugees) 07/01/02 - 09/30/02 Net Due - Healthy Families 332 332 Amount Negotiated Rates Exceed Costs 07/01/02 - 09/30/02 SD/MC (Includes Children) 10/01/02 - 06/30/03 Enhanced SD/MC (Refugees)

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DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETERMINATION OF SOUTH C+ CROSSOVER FFF DOLLARS NH 1970 (10/04)

County Los Angeles County Code 19

Lagal Entity LAC + USC MEDICAL CENTER

	Mode: 0	15 - Hospita SFC 10 - 19	i inpatient)		_ A		С	D	_ E_	F	G	н	'	ً د]	к	١	M	N	0	P	_ a	R	s		U
				Data Type		AC + Crossover			of 2nd Period Percentage		Gross Rembu	Crossover prement Costs Upper Limits			Medi-Cal i Other Pay	Patient and or Revenue			Net Dire (Gross Reim C	ct Coets osts - Revenue)			FFP	Dollars	
				Source	From MH190	1 Schedule B	Supplemental		deted		From MH196	HOSPINET	-	1	From MH190	1_Schedule_B			Calca	rated			Calc	ulsted	
				Formula				B / (B + C)	C / (8 + C)		(0.1)	(E . i)			(D · M)	(E • M)		(F - J)	(G · K)	(H - L)	(Q + P)	(51 40% N)			
			_	Pened		2nd Period/	2nd Periodi	2nd Period/	2nd Period/		2nd Period/	2nd Period/	Total 2nd		2nd Penodi	2nd Period/	fotal 2nd		2nd Period/	2nd Period/	Total 2nd	1st Period FFP \$ 07/01/02 -	Part I FFP \$ 10/01/02 -	Part II FFP \$ 04/01/02 -	Period i
				- 1	1st Period	Part I	Part II	Parti	Part	_1st Period	Perti	Partil	Period _	1st Period	Parti	Partil	Pened	1st Period	Parti	Part II	Pened	09/30/02	03/30/03	06/30/03	06/30
	n 8	1	ĺ		Units	Units	Units	% of Units	% of Units	Coets	Coets	Costs	Costs	Revenue	Revenue	Revenue	Revenue	Net Costs	Net Costs	Net Costs	Net Coets		2nd Penod/	2nd Penod/	1.76
		Settlement		Service	07/01/02 -	10/01/02 -	04/01/03 -	10/01/02 -	04/01/02 -	07/01/02 -	10/01/02 -	04/01/03 -	10/01/02 -	D7/01/02 -	10/01/02 -	04/01/03 -	10/01/02 -	07/01/02 -	19/01/02 -	04/01/03 -	10/01/02 -	1st Period	Parti	Part H	100
	ne.	Type	Mode	function	09/30/02	03/30/03	08/30/03	03/30/03	08/30/03	09/30/02	03/30/03	09/30/03	08/30/03	09/30/02	03/30/03	06/30/03	06/30/03	09/30/07	03/30/03	06/30/03 9(3-10/07/2003)	06/30/03	FFP %	50.00%	54 35%	W. 700
200 1 2 2	-	A Service	06	Mar Sales			THE REAL PROPERTY.					经产品的工程的			は他の大学の			200			Actional Co.			90.273	25
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		- C2 1	- 20	- 131	457	1.987			33,32%	134,596	240.563 582.191							134,598	240,563 562,191		873,140				44
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									Totals	599,799	1,169,886	777,105	1,986,991	25,382	46,647	24,176	70,823	574,437	1,143,239	752,929	1,896,168	295,260	571,619	409,217	94

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

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SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Healthy Families Net Reimbursement

27 Total Healthy Families Reimbursement

25 Total Healthy Families Reimbursement Before Excess FFP

26 Amount Negotiated Rates Exceed Costs - Healthy Families

07/01/02 - 09/30/02

10/01/02 - 06/30/03

Fiscal Year 2002-2003 FFP % County: Los Angeles Source: Source: County Code: 19 MH1978 E8 MH1978 F8 Legal Entity: LAC + USC MEDICAL CENTER F G Legal Entity Number: 00504 Total Total 51.40% Total 50% 51.28% Variable % 75% Total MAA FFP FFP Inpatient Outpatient Total FFP FFP FFP FFP SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement Contract Provider Medi-Cat Direct Service Gross Reimbursement Total Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit Medi-Cal Administration Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement Healthy Families Administrative Reimbursement Limit Healthy Families Administration 10 Healthy Families Administrative Reimbursement SD/MC Net Reimbursement for MAA 11 Medi-Cal Admin, Activities Svc Functions 01 - 09 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 15 Other SD/MC Utilization Review (County Only) 07/01/02 - 09/30/02 574,437 624,756 1,199,192 616,385 616,385 SD/MC Net Reimbursement for Direct Services 10/01/02 - 06/30/03 2,156,879 1,896,168 2,309,509 4,205,676 2,156,879 07/01/02 - 09/30/02 Enhanced SD/MC Net Reimb. (Children) 10/01/02 - 06/30/03 18 Enhanced SD/MC Net Reimb. (Refugees) 19 Total SD/MC Reimbursement Before Excess FFP 2,773,263 20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 2,773,263 21 Total SD/MC Reimbursement (FFP) 22 Contract Limitation Adjustment 2,773,263 23 Adjusted Total SD/MC Reimbursement (FFP)

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DEPARTMENT OF MENTAL HEALTH

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (10/04)

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles					NAME: LAC + USC MEDICAL CENTER							
COUNTY CODE: 19			LEGAL ENTITY		NUMBER: 00504							
Α	В	С	D	E		F	G	Н	ı			
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS		SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT			
		\$231,30	07/01/02 - 07/31/02	171	\$	39,552	\$3,593	\$6,674	\$49,820			
SD/MC		\$236.38	08/01/02 - 09/30/02	286	\$_	67,605	\$6,010	\$11,163	\$84,778			
5 /•		\$236,38	10/01/02 - 12/31/02	1,072	\$_	253,399	\$20,026	\$37,197	\$310,623			
		\$236.38	01/01/03 - 06/30/03	1,908		451,013	\$39,022	\$72,482	\$562,517			
en la proprieta de la companya de l La companya de la co	(4) - : : : : : : : : : : : : : : : : : :	TO THE SECOND		PERSONAL SE	A POPULA	See 100 See 2004 195	Name of the last	Sub-Total	1;007,737			
		\$231.30	07/01/02 - 07/31/02		<u> </u>							
Children EMC		\$236,38	08/01/02 - 09/30/02									
		\$236,38	10/01/02 - 12/31/02	L								
		\$236.38	01/01/03 - 06/30/03									
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		\$231.30	07/01/02 - 07/31/02									
Refugees EMC		\$236.38	08/01/02 - 09/30/02									
		\$236.38	10/01/02 - 12/31/02									
		\$236.38	01/01/03 - 06/30/03									
Company of the Compan	- Mario 11-10	73, 63, 44	Described design of the second		200	MEDIUM THE	Consection Carrier Strawer	Sub Total:	Secretary 1 62			
		\$231.30	07/01/02 - 07/31/02									
Healthy Families		\$236,38	08/01/02 - 09/30/02	<u> </u>	<u> </u>							
•		\$236.38	10/01/02 - 12/31/02									
		\$236,38	01/01/03 - 06/30/03									
The second secon	LANCE OF SPEAK	de prograntations	CHARLES AND THE STREET	orneist in	78 Y	The state of the s	And the second second	Sub Total:	A STATE OF THE STA			
			GRA	ND TOTAL		811,569	\$ 68,651	\$ 127,517	\$ 1,007,737			